

CASHIER  
REIMBURSEMENT VOUCHER AND/OR  
ACCOUNTABILITY REPORT

Voucher No. \_\_\_\_\_  
Schedule No. \_\_\_\_\_

U.S. \_\_\_\_\_  
(Department, bureau, or establishment)  
  
Payee's name \_\_\_\_\_  
  
Mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAID BY

numbers \_\_\_\_\_  
to \_\_\_\_\_ period \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_;  
numbers \_\_\_\_\_

STATUS OF FUND	Dollars	Cents	Difference	AMOUNT	
				Dollar	Cents
This Voucher					
Unpaid Reimbursement Voucher Dated _____					
Unscheduled subvouchers _____					
Interim Receipts for Cash _____					
Cash on Hand _____			Amount verified; correct for _____		
Advance or Reimbursement Checks on Hand _____			(Signature or initials) _____		
_____					
_____					
_____					
_____					
Total _____					

I certify that the disbursements claimed herein are correct and proper, that payment has not been received, and that the status of the fund for which I am accountable is as stated above.

(Date) \_\_\_\_\_ (Cashier) \_\_\_\_\_  
Title \_\_\_\_\_  
  
Number of reimbursement checks desired \_\_\_\_\_  
in the amounts of \_\_\_\_\_

Approved: \_\_\_\_\_  
  
\_\_\_\_\_  
  
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  
  
\_\_\_\_\_  
(Date) \_\_\_\_\_ Authorized Certifying Officer.